

## Immunization Record for International Students

**Return this form to:**

Wartburg College, Student Life

100 Wartburg Blvd

Waverly, IA 50677

**OR**

Fax# 319-352-8365

**OR**

Email: counseling@wartburg.edu

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
month/day/year

*Please note that DENTAL and EYE CARE are not covered by health insurance. To help limit costs, we encourage students needing those services to schedule their exams in their home country prior to coming to the U.S.*

### Required Measles, Mumps, Rubella (MMR) Immunization

MMR: Proof of immunity to MMR is a requirement for registration for classes. **The only exception is for females who know or suspect they are pregnant. These individuals are exempt from this requirement until after the delivery of their child.**

This requirement is fulfilled if you meet one of the following criteria:

- Birth date *before* 1957, or
- Received two doses of MMR vaccine (provide both dates, month/day/year):
  - #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be after your 1<sup>st</sup> birthday and in 1969 or later);
  - #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be at least 28 days after #1, usually given at 4-6 years or later), or
- Provide to the Noah Campus Health Clinic copies of original lab reports of MMR titers that verify immunity to these diseases.

### Meningitis Vaccine Information

Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis can be severe and cause organ damage and death. There are vaccines available that can prevent 4 types of bacterial meningitis, including 2 of the 3 most common in the U.S. The meningitis vaccines cannot prevent all types of the disease. Meningitis vaccine is recommended for all college students under the age of 25 who want to decrease their risk of contracting bacterial meningitis. **IOWA LAW requires us to provide this information on meningitis and meningitis vaccine. We are also required to collect data on meningitis immunization on our campus.**

Please indicate if you have had the meningitis vaccine (circle one):      Yes      No

If yes, indicate date given (month/day/year):      \_\_\_\_/\_\_\_\_/\_\_\_\_

Your signature indicates you have read this information.

(Signature): \_\_\_\_\_

(Date): \_\_\_\_\_